PATENT COOPERATION TREATY

PCT

INTERNATIONAL PRELIMINARY REPORT ON PATENTABILITY

(Chapter II of the Patent Cooperation Treaty)

(PCT Article 36 and Rule 70)

Applicant's or agent's file reference 80729335:PAS:TJL:cr	**FOR FURTHER ACTION**	See Form PCT/IPEA/416
International application No. PCT/AU2004/001060	International filing date *(day/month/year)* 9 August 2004	Priority date *(day/month/year)* 13 August 2003

International Patent Classification (IPC) or national classification and IPC

Int. Cl.[7] A61B 5/08; A61M 15/08

Applicant

BORODY, Thomas J.

1. This report is the international preliminary examination report, established by this International Preliminary Examining Authority under Article 35 and transmitted to the applicant according to Article 36.

2. This REPORT consists of a total of 4 sheets, including this cover sheet.

3. This report is also accompanied by ANNEXES, comprising:

a. [X] *(sent to the applicant and to the International Bureau)* a total of 12 sheets, as follows:

- [X] sheets of the description, claims and/or drawings which have been amended and are the basis for this report and/or sheets containing rectifications authorized by this Authority (see Rule 70.16 and Section 607 of the Administrative Instructions).
- [ ] sheets which supersede earlier sheets, but which this Authority considers contain an amendment that goes beyond the disclosure in the international application as filed, as indicated in item 4 of Box No. I and the Supplemental Box.

b. [ ] *(sent to the International Bureau only)* a total of (indicate type and number of electronic carrier(s)) , containing a sequence listing and/or table related thereto, in computer readable form only, as indicated in the Supplemental Box Relating to Sequence Listing (see Section 802 of the Administrative Instructions).

4. This report contains indications relating to the following items:

[X]	Box No. I	Basis of the report
[ ]	Box No. II	Priority
[ ]	Box No. III	Non-establishment of opinion with regard to novelty, inventive step and industrial applicability
[ ]	Box No. IV	Lack of unity of invention
[X]	Box No. V	Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement
[X]	Box No. VI	Certain documents cited
[ ]	Box No. VII	Certain defects in the international application
[ ]	Box No. VIII	Certain observations on the international application

Date of submission of the demand 6 April 2005	Date of completion of the report 2 August 2005
Name and mailing address of the IPEA/AU AUSTRALIAN PATENT OFFICE PO BOX 200, WODEN ACT 2606, AUSTRALIA E-mail address: pct@ipaustralia.gov.au Facsimile No. (02) 6285 3929	Authorized Officer **SWAYAM CHINTAMANI** Telephone No. (02) 6283 2202

INTERNATIONAL PRELIMINARY REPORT ON PATENTABILITY

International application No.
PCT/AU2004/001060

Box No. I Basis of the report

1. With regard to the **language**, this report is based on the international application in the language in which it was filed, unless otherwise indicated under this item.

☐ This report is based on translations from the original language into the following language , which is the language of a translation furnished for the purposes of:

- ☐ international search (under Rules 12.3 and 23.1 (b))
- ☐ publication of the international application (under Rule 12.4)
- ☐ international preliminary examination (under Rules 55.2 and/or 55.3)

2. With regard to the **elements** of the international application, this report is based on (*replacement sheets which have been furnished to the receiving Office in response to an invitation under Article 14 are referred to in this report as "originally filed" and are not annexed to this report*):

☐ the international application as originally filed/furnished

☒ the description:

pages **1-4** as originally filed/furnished
pages* **5-14** received by this Authority on **6 April 2005** with the letter of **5 April 2005**
pages* received by this Authority on with the letter of

☒ the claims:

pages **15-17** as originally filed/furnished
pages* as amended (together with any statement) under Article 19
pages* **18, 19** received by this Authority on **6 April 2005** with the letter of **5 April 2005**
pages* received by this Authority on with the letter of

☒ the drawings:

pages **1/4-4/4** as originally filed/furnished
pages* received by this Authority on with the letter of
pages* received by this Authority on with the letter of

☐ a sequence listing and/or any related table(s) - see Supplemental Box Relating to Sequence Listing.

3. ☐ The amendments have resulted in the cancellation of:

- ☐ the description, pages
- ☐ the claims, Nos.
- ☐ the drawings, sheets/figs
- ☐ the sequence listing (*specify*):
- ☐ any table(s) related to the sequence listing (*specify*):

4. ☐ This report has been established as if (some of) the amendments annexed to this report and listed below had not been made, since they have been considered to go beyond the disclosure as filed, as indicated in the Supplemental Box (Rule 70.2(c)).

- ☐ the description, pages
- ☐ the claims, Nos.
- ☐ the drawings, sheets/figs
- ☐ the sequence listing (*specify*):
- ☐ any table(s) related to the sequence listing (*specify*):

* *If item 4 applies, some or all of those sheets may be marked "superseded."*

Box No. V Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement

1. Statement

Novelty (N)	Claims 1-27	YES
	Claims	NO
Inventive step (IS)	Claims 1-27	YES
	Claims	NO
Industrial applicability (IA)	Claims 1-27	YES
	Claims	NO

2. Citations and explanations (Rule 70.7)

The following documents identified in the International Search Report have been considered for the purposes of this report:

D1 US 5273032
D2 WO 2001/095971
D3 US 5575282

Novelty (N) Claims 1-27

None of the cited documents discloses all the features of an endoscopic mouthguard comprising a bite block and a gas distribution manifold detachably engaged with said bite block as defined in claim 1. Claim 1 is particularly distinguished over the prior art by a combination of the following special features of gas distribution manifold.

(a) detachably engaged with the bite block,

(b) when the gas distribution manifold is engaged with the bite block the oral outlet port is in fluid communication with the gas delivery passage in the bite block,

(c) the oral outlet port is adapted to direct gas over or toward the mouth of the patient when the manifold is disengaged from the bite block.

Therefore claims 1 to 20 and 25 are novel.

Each of the amended independent claims 21 and 22 defines a gas distribution manifold detachably engageable to a bite block and including an oral outlet port which directs gas over or toward the mouth of a patient upon removal of the bite block. None of the documents D1 to D3 discloses all the features of these claims, hence claims 21-24, 26 and 27 are novel.

Inventive Step (IS)

The claimed invention defined in claims 1-27 is not obvious in the light of any of the cited documents nor is it disclosed in any obvious combination of them. It is also considered that it would not be obvious to a person skilled in the art in the light of common general knowledge either by itself or in combination with any of these documents.

Box No. VI Certain documents cited

1. Certain published documents (Rule 70.10)

Application No. Patent No.	Publication date (day/month/year)	Filing date (day/month/year)	Priority date (valid claim) (day/month/year)
X WO 2004/030723 A2	15 April 2004	3 October 2003	3 October 2002

The above document discloses a nasal cannula (item 64 in figure 7) which may be permanently or detachably coupled to the bite block. The nasal cannula of the citation does not disclose an oral outlet port which directs gas over or toward the mouth of a patient upon removal of a bite block. Oral delivery chambers (item 78) are adapted to for insertion into the channels (item 52) and the chambers can only direct gas into the mouth unlike "over or toward the mouth" as defined in claims 21 and 22 of the present invention. Further, the document does not specifically disclose that the nasal cannula can be used independent of the bite block after the cannula has been disengaged from the block.

2. Non-written disclosures (Rule 70.9)

Kind of non-written disclosure	Date of non-written disclosure (day/month/year)	Date of written disclosure referring to non-written disclosure (day/month/year)

endoscopic passage. Preferably the gas delivery passage terminates in a rearward facing opening which is arranged so as to deliver gas toward the rear of the oral cavity.

The gas distribution manifold may include a tubular connector extending from the inlet port, said connector having a distal end engageable with a gas supply conduit.

The endoscopic mouthguard may further include at least one obturator engagement formation integrally formed with the bite block, wherein the at least one obturator engagement formation provides an attachment point for an obturator member, the obturator member adapted to be used for depressing a patient's tongue to thereby provide improved access to the pharynx of the patient.

Preferably the endoscopic passage has a diameter of at least 20 mm so as to allow the passage of a 60Fr dilator therethrough.

An outer surface of the annular body may include a contact portion adapted to be engaged by the teeth of the patient when the annular body is operatively positioned within the mouth of the patient. A cushioning member may be affixed to the contact portion so as to distribute the load imparted to the bite block by the patient's teeth. The bite block may include an outer peripheral flange adapted to overlie the lips of the patient. The bite block and the gas distribution manifold may be formed from a resilient polymeric material. The gas distribution manifold may further include an attachment means for securing the gas distribution manifold to the patient.

A second aspect of the present invention provides a gas distribution manifold for providing a gas to a patient, the gas distribution manifold comprising:

at least one inlet port for receiving a gas from a gas supply;

at least one nasal outlet port in fluid communication with the inlet port and adapted to direct gas to the nasal passages of the patient; and

an oral outlet port in fluid communication with the inlet port and adapted to direct gas over or toward the mouth of the patient;

said gas distribution manifold being detachably engageable with a bite block having a gas delivery passage for delivery of a gas to the oral cavity of the patient;

wherein the oral outlet port is configured such that when the gas distribution manifold is engaged with the bite block the oral outlet port is in fluid communication with the gas delivery passage of the bite block; and

when the gas distribution manifold is disengaged from the bite block and the bite block is removed from the mouth of the patient the oral outlet port is adapted to direct gas over or toward the mouth of the patient.

A third aspect of the present invention provides a method of delivering a gas to the nasal passages and the mouth of a patient, wherein the gas is delivered to the nasal passages from below the nose and over or toward the mouth from above the mouth of the patient from a gas distribution manifold;

wherein the gas distribution manifold comprises:

at least one inlet port for receiving gas from a gas supply;

at least one nasal outlet port in fluid communication with the inlet port and adapted to direct gas to or toward the nasal passages of the patient; and

an oral outlet port in fluid communication with the inlet port and configured to direct gas over or toward the mouth of the patient;

said gas distribution manifold being detachably engageable with a bite block having a gas delivery passage for delivery of a gas to the oral cavity of the patient;

wherein the oral outlet port is configured such that when the gas distribution manifold is engaged with the bite block the oral outlet port is in fluid communication with the gas delivery passage of the bite block; and

when the gas distribution manifold is disengaged from the bite block and the bite block is removed from the mouth of the patient the oral outlet port is adapted to direct gas over or toward the mouth of the patient.

Preferably the gas is delivered to the patient during recovery from anesthesia, and more preferably the gas is an oxygen rich gas.

Throughout the specification the term "comprise" and variations on this term including "comprising" and "comprises" are to be understood to imply the inclusion of a

feature, integer, step or element, and not exclude other features, integers, steps or elements.

These and other advantages of the present invention will become apparent reading the following description.

Brief description of the drawings

The invention now will be described, by way of example only, and with reference to the accompanying drawings in which:

Figure 1a shows a schematic view of an endoscopic mouthguard according to the invention in situ through the sagittal plane of a patient;

Figure 1b shows a sectional view of the endoscopic mouthguard shown in Figure 1a in situ through the sagittal plane of the patient;

Figure 2a shows a schematic view of a gas distribution manifold according to the present invention in situ through the sagittal plane of a patient;

Figure 2b shows a sectional view of the gas distribution manifold shown in Figure 2a in situ through the sagittal plane of the patient;

Figure 3a shows an anterior perspective view of an embodiment of the present invention in an exploded arrangement;

Figure 3b shows a posterior perspective view of the embodiment of Figure 3a in an exploded arrangement;

Figure 3c shows a side view of the embodiment of Figures 3a and 3b in an exploded arrangement;

Figure 4a shows an anterior perspective view of the embodiment of Figures 3a, 3b and 3c in an assembled arrangement; and

Figure 4b shows an anterior view of the embodiment of Figures 3a, 3b, 3c and 4b in an assembled arrangement.

Detailed description of the drawings

The following description refers to preferred embodiments of the endoscopic mouthguard of the present invention. To facilitate an understanding of the invention, reference is made in the description to the accompanying drawings whereby the

mouthguard is illustrated in preferred embodiments. Similar components between the drawings are identified by the same reference numerals.

Referring to the drawings, Figure 1a and 1b depict a schematic sagittal view of the manner in which certain features of one aspect of the present invention are arranged in relation to one another. An endoscopic mouth guard 10 is shown comprising a bite block 20 and a gas distribution manifold 30 detachably engaged with the bite block 20. The bite block 20 comprises a generally annular body 21 and is adapted to be inserted into the mouth 41 of a patient 40 so as to maintain the upper teeth 42 and the lower teeth 43 of the patient 40 in a spaced apart relationship and so as to define an endoscopic passage 22 for the introduction of an endoscopic device 50 into the oral cavity 44 of the patient 40. The bite block 20 further comprises a gas delivery passage 23 for delivery of a gas denoted by arrows 60 to the oral cavity 44 of the patient 40.

The endoscopic mouthguard 10 further comprises a gas distribution manifold 30 which is detachably engaged with the bite block 20. The gas distribution manifold 30 comprises an inlet port 31 for receiving gas 60 from a gas supply and at least one nasal outlet port 32 in fluid communication with the inlet port 31 and adapted to direct gas 60 to or toward the nasal passages 45 of the patient 40 from below the patient's nose.

The gas distribution manifold 30 further comprises an oral outlet port 33 in fluid communication with the inlet port 31 and configured such that when the gas distribution manifold 30 is engaged with the bite block 20 as illustrated, the oral outlet port 33 is in fluid communication with the gas delivery passage 23 such that gas is directed into the oral cavity 44 of the patient.

Referring to Figure 2a and 2b, when the gas distribution manifold 30 is disengaged from the bite block 20 of Figures 1a and 1b, the bite block is removed from the mouth 41 of the patient 40 and the gas distribution manifold 30 is maintained in approximately the same position in relation to the patient as when engaged with the bite block 20. The oral outlet port 33 is adapted such that gas 60 is directed over or toward the mouth 41 of the patient 40, whilst gas 60 is still directed to or towards the nasal passages 45 of the patient 40.

It will be understood that the invention as broadly described with reference to Figures 1a ,1b, 2a and 2b is schematic account of the manner in which the present

invention functions. Geometric or physical limitations are not implied and should not be inferred by the schematic representative features of the present invention, nor are structural limitations implied or suggested.

Referring to Figures 3a, 3b and 3c, an embodiment of an endoscopic mouthguard 70 according to the present invention is depicted having similar structural and functional features as broadly described with reference to Figures 1a, 1b, 2a and 2b. The endoscopic mouthguard 70 comprising an annular bite block 80 and a gas distribution manifold 90 depicted as being disengaged from the bite block 80.

The annular body 81 of the bite block 80 defines an endoscopic passage 82 having a diameter of at least 20 mm so as to allow the introduction of an endoscopic or medical device, for example an 60Fr dilator, to the oral cavity of a patient. Such an endoscopic passage 82 allows the introduction of a variety of medical devices into the oral cavity of a patient and does not restrict the mouthguard 10 to use with small endoscopic devices, but rather a variety of devices used in examination, diagnosis and treatment of a patient.

The bite block 80 includes an outer peripheral flange 84 which is adapted to overlie the lips of the patient when the bite block 80 in use. The outer peripheral flange 84 allows the bite block 80 to be seated appropriately within the patient's mouth and assists in location and removal of the bite block 80.

In this embodiment, the gas delivery passage 83 is integrally formed with the bite block 80 and is of a generally elongate tubular configuration and arranged such that when in use, the gas delivery passage 83 is positioned superiorly to the endoscopic passage 82. The gas delivery passage 83 terminates in a distal opening 85 which is arranged so as to deliver gas toward the rear of the oral cavity of a patient when the bite block 80 is positioned within the mouth of the patient. The bite block 80 includes a tubular portion 86 extending from the bite block 80 towards the gas distribution manifold 90 and in fluid communication with the gas delivery passage 83, the gas delivery passage 83 terminating at a proximal opening 87. In this embodiment, the tubular portion 86 and the proximal opening 87 are generally elongate and extend laterally relative to the patient when in use.

The gas distribution manifold 90 includes a tubular connector 94 extending from the gas distribution manifold 90 defining the inlet port 91 for receiving gas from gas

supply. The tubular connector 94 is sized such that it may be received within a gas delivery conduit from the gas supply. The tubular connector 92 may include at least one barb, detent arrangement, or an appropriately textured surface so as to assist in the engage with the gas delivery tube. The gas distribution manifold 90 may include a further inlet port for the introduction and delivery to a patient of a further gas, although only one inlet port is depicted in the embodiment as illustrated.

The gas distribution manifold 90 further includes a pair of nasal outlet ports 92 in the form of a pair of apertures in this embodiment, being in fluid communication with the inlet port 91 and which are arranged so as to direct gas to or toward the nasal passages of the patient from below the patient's nose. The gas distribution manifold may alternatively include a single elongate aperture defining the nasal outlet port and be arranged so as to extend laterally in relation to the patient when in use. Alternatively, the gas distribution manifold 90 may further include a pair of tubular portions extending towards the nose of the patient and defining the nasal outlet ports such that gas is delivered directly into the nasal passages of the patient. Such tubular portions may extend at least partially within the nostrils of the patient and be appropriately rounded so as to minimise patient discomfort. Minor variations on the manner in which the nasal outlet port is formed are understood to fall within the scope of the present invention.

In this embodiment, the oral outlet port 93 is in the form of an elongate aperture and is arranged so as to extend laterally relative to the patient when in use. The oral outlet port 93 is further arranged such that when the gas distribution manifold 90 is disengaged from the bite block 80, the oral outlet port 93 directs gas over or toward the mouth of the patient whilst maintaining gas supply to the nasal passages. It is to be understood that the gas distribution manifold 90, in this embodiment, includes internal passages joining the inlet port 31, the nasal outlet ports 32 and the oral outlet port 33 in fluid communication, and the manner in which the ports are connected and sized is such that appropriate amounts of gas are supplied to the oral and nasal cavities of a patient.

In this embodiment, the gas distribution manifold 90 further includes two attachment means 95 so as to allow the gas distribution manifold 90 to be attached to the patient when in use. The attachment means 95 are in the form of a protrusion engageable with a strap such that the strap extends from one protrusion to the other protrusion and

behind the patient's head. Such a strap may be formed from an elastic material or from a strap including an adjustment means. Alternatively, the gas distribution manifold 90 may be secured to the patient by an adhesive means such as an adhesive tape or band. Another manner in which the gas distribution manifold may be secured to the patient is by the gas supply tube engaged with the inlet port. Although the present embodiment depicts only one gas inlet port, in further embodiments there may exist a second gas inlet thus allowing the gas supply tubes to be used to secure the gas distribution manifold to the patient's head.

The oral outlet port 93 of the gas distribution manifold 90 and the tubular portion 86 of the bite block are sized such that the tubular portion 86 is locatable within the oral outlet port 93, as depicted in Figures 4a and 4b, whereby the gas distribution manifold 90 and the bite block 80 are depicted in an engaged relationship.

As shown in Figures 4a and 4b and as functionally described with reference to Figures 1a and 1b, when the gas distribution manifold 90 and bite block 80 are engaged, gas may delivered to the oral cavity and the nasal passages of a patient simultaneously via the gas delivery passage 83 and the nasal outlet ports respectively 92. In this embodiment of the invention, the gas distribution manifold 90 and the bite block 80 are engaged in a sliding or friction grip relationship between the tubular portion 86 and the oral outlet port 93. The sliding relationship is such that the gas distribution manifold 90 and the bite block 80 can be securely engaged in a gas type manner yet easily disengaged when disengagement is required. The gas distribution manifold 90 and the bite block 80 may further include respective cooperating engagement means or formations, and be configured such that the gas distribution manifold 90 is detachably and attachably engageable with the bite block 80. Examples of such engagement means include a elastically deformable protrusion engagable with a complementary non-deformable protrusion in a snap-lock type arrangement formed integrally with the gas distribution manifold 90 and the bite block 80. Alternatively, the gas distribution manifold 90 may be attached to the bite block 80 by one or more frangible portions extending between the gas distribution manifold 90 and the bite block 80 which allow ease of removal of the gas distribution manifold 90 from the bite block 80. An adhesive tape type connection may

be used to hold the components together, the tape being removable when disengagement is required.

The gas distribution manifold 90 and bite block 80 in this embodiment are formed from a resilient polymeric material so as to provide patient comfort and minimize risk of damage to a patient's teeth. The annular body 81 of the bite block 80 is arranged so as to provide an engagement with more of the patient's teeth than the patient's incisors so as to distribute the force between a series of teeth and the annular body 81. The annular body 81 is configured so as to be engageable with a cushioning member positionable between the bite block 80 and the patient's teeth, when in use. Such a cushioning member would have suitable mechanical properties so as to deform and distribute the force exerted on the bite block by the teeth so as to reduce the likelihood of damage to the patient's teeth. The cushioning member may be integrally formed with the bite block 80 or engageable with the bite block 80. Alternatively, the cushioning member may be positioned upon the teeth of the patient prior to inserting the bite block 80 within the mouth.

The present invention allows the delivery of a gas to a patient both orally and nasally during endoscopy and similar surgical procedures. Providing a patient with oxygen or an oxygen rich gas via the oral cavity significantly reduces the likelihood of a patient suffering from hypoxia. Furthermore, it is well documented that patients have varying degrees of nasal function during the respiratory process, and that many patients breathe predominantly via the mouth rather than the nose, particularly after a surgical procedure.

The present invention also allows delivery of a gas, preferably an oxygen rich gas, to a patient both orally and nasally whilst the patient is recovering from anesthesia following a surgical procedure. Removal of the bite block 80 from the gas distribution manifold 90 allows the gas to be delivered to the patient's mouth from the oral outlet port 93, whilst still maintaining gas delivery to the patient's nasal passages. The detachability of the bite block 80 from the gas distribution manifold 90 allows the gas distribution manifold 90 to remain attached to the patient and continue to deliver gas to the patient whilst in post-operative/post-investigate recovery from anesthesia. In the case where the bite block 80 and the gas delivery manifold 90 are joined to each other by one of more frangible portions, the bite block 80 and the gas distribution manifold 90 may be

separated by flexing the bite block 80 relative to the gas distribution manifold 90 until the frangible portions rupture. Ease of detachability provided by frangible portions or alternatively a clip-lock mechanism or friction grip arrangement allows the bite block to be easily removed and discarded without interrupting gas delivery to the patient for any significant amount of time.

Post-operative oxygenation to a patient can be crucial in the recovery and well-being of a patient. Prior art bite block devices do not typically allow for oxygenation of a patient nasally and orally both during and after a surgical procedure. Previous endoscopic technologies use either non-oxygenating or an oxygenating bite block during endoscopy and when a patient is taken to a recovery room post-operatively, standard nasal prongs are fitted to the patient, and oxygen is delivered nasally by a separate device. However, it is estimated that some 60% or more of patients initially breathe orally during post-endoscopic recovery and as such, oxygen is not effectively delivered to such patients.

It is envisaged that the device according to the present invention will assist in the reduction of hypoxia both during and following endoscopic procedures and the like, and will reduce the incidence of cardiac and respiratory arrest both inter-operatively and post-operatively.

A further advantage provided by the present invention is ease of attachment of an obturator member whilst the bite block remains positioned within the mouth of a patient by the provision of at least one obturator engagement formation integrally formed with the bite block. The obturator engagement formation allows for the engagement of a curved "snap-in" polymeric open-tube obturator through the endoscopic passage. Such an obturator allows the tongue of a patient to be depressed and the oral cavity to be opened so as to permit suction with a suction device, for example a Yanaeur suction device. The "snap-in" obturator may resemble a Guedel airway and may be used to permit mask-assisted ventilation of a patient, in particular during an emergency, without the need to remove the bite block, which is often a difficult task to achieve with sedated patients.

Other advantages of the present invention include reduced incidence of nasal bleeding by the absence of traditional nasal prongs which extend into the nasal passages of the patient, and enhanced and increased protection of a patient's teeth during insertion and removal of the bite block.

It will also be appreciated that the above embodiment of the present invention is merely an example of the invention, and other manners in which to arrange various features so as to allow for gas delivery to a patient in accordance with the present invention are understood to fall within the spirit and scope of the present invention as claimed and described.

It will also be understood that the invention disclosed and defined herein extends to all alternative combinations of two or more of the individual features mentioned or evident from the text or drawings. All of these different combinations constitute various alternative aspects of the invention The foregoing describes an embodiment of the present invention and modifications, obvious to those skilled in the art can be made thereto, without departing from the scope of the present invention.

20. An endoscopic mouthguard according to any one of the preceding claims, wherein the gas distribution manifold further includes an attachment means for securing the gas distribution manifold to the patient.

21. [Amended] A gas distribution manifold for providing a gas to a patient, the gas distribution manifold comprising:

at least one inlet port for receiving a gas from a gas supply;

at least one nasal outlet port in fluid communication with the inlet port and adapted to direct gas to the nasal passages of the patient; and

an oral outlet port in fluid communication with the inlet port and adapted to direct gas over or toward the mouth of the patient;

said gas distribution manifold being detachably engageable with a bite block having a gas delivery passage for delivery of a gas to the oral cavity of the patient;

wherein the oral outlet port is configured such that when the gas distribution manifold is engaged with the bite block the oral outlet port is in fluid communication with the gas delivery passage of the bite block; and

when the gas distribution manifold is disengaged from the bite block and the bite block is removed from the mouth of the patient the oral outlet port is adapted to direct gas over or toward the mouth of the patient.

22. [Amended] A method of delivering a gas to the nasal passages and the mouth of a patient, wherein the gas is delivered to the nasal passages from below the nose and over or toward the mouth from above the mouth of the patient from a gas distribution manifold;

wherein the gas distribution manifold comprises:

at least one inlet port for receiving gas from a gas supply;

at least one nasal outlet port in fluid communication with the inlet port and adapted to direct gas to or toward the nasal passages of the patient; and

an oral outlet port in fluid communication with the inlet port and configured to direct gas over or toward the mouth of the patient;

said gas distribution manifold being detachably engageable with a bite block having a gas delivery passage for delivery of a gas to the oral cavity of the patient;

wherein the oral outlet port is configured such that when the gas distribution manifold is engaged with the bite block the oral outlet port is in fluid communication with the gas delivery passage of the bite block; and

when the gas distribution manifold is disengaged from the bite block and the bite block is removed from the mouth of the patient the oral outlet port is adapted to direct gas over or toward the mouth of the patient.

23. A method of delivering a gas to the nasal passages and the mouth of a patient according to claim 22, wherein the gas is delivered to the patient during recovery from anaesthesia.

24. A method of delivering a gas to the nasal passages and the mouth of a patient according to claim 22 or claim 23, wherein the gas is an oxygen rich gas.

25. An endoscopic mouthguard substantially as herein described with reference to the accompanying drawings.

26. A gas distribution manifold for providing a gas to a patient, substantially as herein described with reference to the accompanying drawings.

27. A method of delivering a gas to the nasal passages and the mouth of a patient, substantially as herein described with reference to the accompanying drawings.